However, moving the diagnostic cut off to a more stringent EF<5% resulted in fewer patients re-presenting with pain (13% v 40%, p=0.055, Chi squared). Histology demonstrated abnormal pathological changes in all examined specimens (cholecystitis or cholesterolosis).
Conclusion: Despite cholecystectomy, a proportion of DG patients will re-present with pain. More stringent cut-off values for defining gallbladder dysfunction may improve outcomes. In DG pathological changes within the gallbladder are common, suggesting DG is not a purely functional entity.

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1083: EARLY POST-OPERATIVE ACUTE KIDNEY INJURY AFTER OESOPHAGO-GASTRIC RESECTION PREDICTS MAJOR MORBIDITY

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Aim: To define the incidence and determine the consequences of post-operative Acute Kidney Injury (AKI) following major oesophago-gastric (OG) resection in a regional unit
Method: The NICE guideline definition of AKI was used. Patient information was obtained from analysis of a prospectively maintained database. Patient undergoing resection over a 2 year period were included. Complications were classified according to the Clavian Dindo system.
Result: There were 218 patients included with mean age of 66 years (range 25-90) and a male preponderance (68% male; 32% female). Patients undergoing gastrectomy tended to be older than those undergoing oesophagectomy; mean age 69 years(range 32-90) compared with 63 years (range 25-84). AKI incidence post resection was 24.3% (53/218). The rate was higher in patients undergoing oesophagectomy compared with gastrectomy (39/105; 37.1% vs 14/113; 12.4%; Chi Squared 18.8 P<0.005). Occurrence of AKI predicted complications of Clavian Dindo grade 3 or above (Gastrectomy 5/14 CD3(+), 9/99 CD3(-) P<0.05; Oesophagectomy 20/32 CD3(+), 12/68 CD3(-) p<0.005, Chi squared test)
Conclusion: AKI post OG resection is common and strongly associated with post-operative morbidity. Oesophagectomy is associated with AKI in more than a third of cases. Whether strategies to prevent AKI in OG patients reduces overall morbidity warrants further study.

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1115: DIARRHOEA AFTER LAPAROSCOPIC CHOLECYSTECTOMY: CURRENT CONSENTING PRACTICE INAPPROPRIATE

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Aim: New-onset post-operative diarrhoea is a significant problem and is reported in the literature in up to 30% of patients undergoing laparoscopic cholecystectomy However, the majority of patients are not informed of this complication pre-operatively. We aim to look at current consenting practice for laparoscopic cholecystectomy in our unit.
Method: Retrospective analysis of prospectively maintained consent forms of patients undergoing laparoscopic cholecystectomy in a single unit from February to August 2015. We analysed data on the consenting doctor and whether this complication was mentioned.
Result: 74 patients underwent laparoscopic cholecystectomy under 8 different consultants. 14 patients (18.9) were consented by non-consultants (registrars and SHO's) and the remaining 58 (81.1%) were consented by consultants. 22 patients (29.7%) were consented for post-operative diarrhoea. Of these, 20 (90.9%) were consented by a single consultant. 52 patients (70.3%) were not consented. 6 of 8 consultants did not consent any of their patients for this complication.
Conclusion: Our study shows that the majority of patients are not being consented for post-operative diarrhoea which is against good surgical practice and can be a cause of litigation in the future. This should be rectified by following good consenting practice protocol and surgeon's education.

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1127: FRAGILITIES OF BARIATRIC HEALTH TOURISM IN AN ENVIRONMENT DEVOID OF A FORMAL BARIATRIC SERVICE

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Introduction: The 2014 The National Bariatric Surgical Register (NBSR) reported a significant increase in the uptake of Bariatric surgery around the UK with 76.2% of the procedures performed funded by the National Health Service. In Northern Ireland (NI), there is no bariatric service. Consequently, obese patients are lured abroad with high expectation and little knowledge of the inherent risks.
Aim: With no accurate means of measuring the incidence of 'Bariatric Health Tourism' from NI, we used a surrogate measure to indirectly reflect the magnitude of this practice.
Method Patients undergoing surgical salvage [SS] following index bariatric surgery [IS] elsewhere were sourced from the Theatre Management System 1/1/10-31/12/14. The demographic and outcomes of SS were reviewed.
Result: 46 [45F: 1M] patients underwent 80 salvage surgical procedures, 20 presenting as an emergency. 41/46 had undergone Laparoscopic Adjustable Gastric Band. The mean time from IS to SS was three years. IS produced a significant weight loss in 50% of patients. 17/46 experienced a significant surgical complication of SS. Cumulative length of stay was 326 days [23 in ICU].
Conclusion: These data reflect the inherent risks of bariatric health tourism in an environment devoid of a structured service to deal with morbid obesity

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1219: 14-YEAR EXPERIENCE OF OESOPHAGECTOMIES FOR CANCER; HOW HAS THE MULTI DISCIPLINARY TEAM CHANGED OUTCOMES?

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Aim: There are 8500 new cases of oesophageal cancer in the UK every year, with 13% overall 5-year survival. Oesophagectomy with neo-adjuvant chemo-radiotherapy remains the best chance of cure in patients with resectable tumours, but 30-day post-operative mortality is between 3-6.3%. Our aim was to assess the impact the MDT has had on patient selection for operative management and the result on patient outcomes.
Method: Data was retrospectively collected from the period 2001-2015 using the electronic patient record. A comparison was made between patients pre and post introduction of the MDT in 2007, these included patient demographics, staging, pre-operative treatment and subsequent operative approach, post-operative mortality and long term survival.
Result: A total of 813 patients underwent an oesophagectomy for cancer between 2001-2015. Patient demographics and ASA grades were similar. There was a significant difference in numbers of patients undergoing neo-adjuvant chemo-radiotherapy. 30-day mortality was similar but 5-year survival was improved.
Conclusion: The introduction of the MDT has contributed to the improvement in 30-day mortality and 5-year survival through improved patient selection. Their role helps to identify patients who on further evaluation are unlikely to have improved survival with operative management and therefore avoids the morbidity associated with this.

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1281: MANAGEMENT OF ACUTE CHOLECYSTITIS: A COMPARISON OF OUTCOMES FOLLOWING EMERGENCY CHOLECYSTECTOMY VERSUS MEDICAL MANAGEMENT

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Aim: To evaluate the outcomes of patients diagnosed with acute cholecystitis undergoing emergency laparoscopic cholecystectomy, versus medical management. This was done in the light of a growing body of evidence suggesting that urgent management is safe and effective in reducing duration of hospital stay and re-admission.
Method: We collected data on patient demographics, length of stay, re-admission rates, treatment offered and complication rates over a one year period and analysed in SPSS. A multivariate General Linear Model was used to determine the effect of independent patient variables (demographics, laboratory and imaging results), on outcome measures.
Result: From a total of 250 admissions, 92 underwent emergency laparoscopic surgery. The average hospital stay was 4.1 days for emergency laparoscopic cholecystectomy versus 7.87 days for medically managed patients. Overall readmission rates were comparable between the patients treated with emergency laparoscopy and those medically managed, but interestingly, re-admission rates halved for the emergency laparoscopic cholecystectomy group who had their procedures done after 24hours but within one week of admission.
Conclusion: Emergency cholecystectomy appears effective in reducing re-admission rates when performed after the first 24 hours. Significant reduction in length of stay indicates that emergency cholecystectomy is cost effective in an NHS setting.

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1309: THE USE OF OGD IN ROUTINE PREOPERATIVE INVESTIGATION FOR BARIATRIC SURGERY: FINDINGS AND IMPLICATIONS FOR MANAGEMENT

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Background: The use of oesophago-gastro-duodenoscopy (OGD) as part of routine workup for patients undergoing bariatric surgery is controversial. Some suggest the procedure is necessary as significant incidental findings are common; others argue that it should be used selectively. Currently, there is no universal recommendation in the context of bariatric surgery.
Aim: To establish the incidence of positive OGD findings in preoperative bariatric surgery patients and identify the incidence of alteration to surgical management, in order to deduce global recommendations for the role of routine OGD in this cohort.
Method: Endoscopy reports and clinic letters were reviewed for 409 patients who underwent OGD over a two-year period (1/10/2013-1/10/2015) in a specialist bariatric unit.
Result: Of the 409 cases, 310 were abnormal (75.7%). The most common finding was hiatus hernia (49.4%). 364 patients (89.0%) had surgery. Of these, 39 (10.7%) experienced change to the surgical procedure planned, 3 (0.08%) had a delay to surgery, and 322 (88.5%) had no change post-OGD.
Conclusion: The majority of patients had abnormal findings on OGD, with a large proportion resulting in change to surgical management due to this. We therefore conclude that routine OGD is an essential and valuable component of preoperative workup for bariatric surgery.

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1326: BENEFIT OF ROUTINE HISTOPATHOLOGY TESTING FOR SLEEVE GASTRECTOMY SPECIMENS

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Aim: Sleeve gastrectomy (SG) is a popular procedure for morbid obesity. Literature debates routine versus selective histopathological testing of gastric remnants. In our unit specimen histopathological testing takes 30 minutes, costing £65, and we perform an average of 100 SG procedures per year. We aim to evaluate the benefit of routine histopathology for SG specimens.
Method: Retrospective review of SG specimen findings from November 2010-2015. Case-notes were analysed for demographics, pre-operative gastroscopy findings, operation notes and histology reports.
Result: 106 specimens were sent for histopathology, with one non-bariatric case excluded. Median age was 44 years, median BMI 47.5kg/m2 (range 36.1-68.2 kg/m2) and female-to-male ratio 2.7: 1.
Routine pre-operative gastroscopy, performed in 79% of cases, found 32 abnormal cases: gastritis, oesophagitis or duodenitis in 31, 22 hiatus hernias, 4 ulcers and 3 polyps, of which one was a neuroendocrine tumour. All 10 patients positive for Helicobacter pylori commenced treatment pre-operatively.
Histological testing identified 82 abnormal specimens (78%). Findings included: gastritis (76%), fundic polyps (4%), gastrointestinal stromal tumours (2%), hyperplasia (4%) and 2 neuroendocrine tumours (2%); both required MDT discussion, endoscopy and blood tests.
Conclusion: Results justify routine testing of SG specimens, as significant abnormal findings necessitated deviation from the routine bariatric pathway.

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1331: ROUTINE CHOLANGIOGRAPHY IN THE MODERN ERA

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Introduction: Performing routine on table cholangiogram (r-OTC) during laparoscopic Cholecystectomy (LC) remains a subject of debate. Advocates for r-OTC highlight the reduced risk of injury to the common bile duct (CBD) visualisation of the biliary tree thereby facilitating the management of ductal stones.
Aim: We aimed to test the hypothesis that r-OTC reduces the risk of CBD injury and improves overall management of gallstone disease.
Method: Data of patients undergoing r-OTC over a two year period (October 2013 to September 2015) was collected.
Result: A total of 1005 patients (75.1% female, mean age 51) were included. 836 (83.2%) LC were performed electively compared to 169 (16.8%) emergency operations. There was no CBD injury in our study population. 4 (0.4%) cases were converted to open cholecystectomy. R-OTC showed ductal stones in 101 patients (10.1%) of which 86 (85.2%) patients underwent a CBD exploration and stone extraction during the same operation.
Conclusion: Our study suggests that high volume r-OTC is associated with a low of risk of bile duct injury and can be performed safely in emergency as well as elective patients. It also demonstrates the use of r-OTC in ductal stone detection and hence low re-admissions to hospital with retained stones.

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Urology

0091: FEMALE ARTIFICIAL URINARY SPHINCTERS: EARLY EXPERIENCE

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Introduction: Implantation of artificial urinary sphincters (AUS) in females is uncommon in the UK. An anticipated increase in female AUS in our practice prompted this study.
Method: A retrospective review was performed of all female AUS inserted by a single surgeon over 5 years.
Result: 5 patients were identified with a median age of 48 years (33-59). Median follow up was 6 months (2-18). 3 patients had a neurological diagnosis. The remaining two patients had multiple failed incontinence procedures. Preoperatively patients used a median of 5 pads/day(2-6). 2 experienced severe flooding and 2 used intermittent self-catheterisation.